



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 30 AUGUST 2017
PRESCRIBING MANAGEMENT
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board on the prescribing management plans in Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the current financial position and the actions being taken regionally and locally to ensure safe effective prescribing and delivery of the efficiency savings targets both in the short and longer term.
- (ii) support the sessional appointment of a Prescribing Lead GP to support an acceleration and expansion of the Angus Prescribing Workplan.
- (iii) acknowledges the capacity required within the pharmacy teams and general practice to progress this complex prescribing management programme.

2. BACKGROUND

NHS Tayside currently budgets £80m annually for Family Health Services (FHS) and £40m for secondary care prescribing. However NHS Tayside's FHS prescribing costs are 9.4% higher per weighted patient than the Scottish average (year to February 2017) resulting in significant overspends in recent years. The FHS spend is one of the two primary drivers of NHS Tayside's current overspend in the last two financial years (NHS Tayside Assurance and Advisory Group, 2017).

The reasons for the higher FHS spend in Tayside and in Angus are complex and multi-faceted. It is in part due to higher than average prevalence of a variety of chronic diseases and the regional adoption of clinical pathways aimed at providing patients with the best possible care. There is evidence to support that investing in prescribing for some care pathways reduces mortality and morbidity and provide good examples of positive variation and reduced spend in other parts of the system.

There are however a number of areas of unexplained variation which are undergoing further investigation and action.

A number of factors affect prescribing rates, including age, deprivation, clinical guidelines and rurality. The Quality and Outcomes Framework (QoF) within the GMS contract resulted in increased rates of prescribing; it is unclear what impact cessation of QoF will have on prescribing rates. There is a little evidence that the abolition of prescription charges has impacted on prescribing rates.

It is estimated that drug wastage costs in Scotland are up to £20 million per year, with approximately 50% waste avoidable. Main causes of drug waste include repeat prescribing processes (including over ordering by patients) and prescribing in care homes. (Prescribing in general practice in Scotland: Audit Scotland, 2013).

3. CURRENT POSITION

The NHS Tayside Prescribing Management Group (PMG) co-Chaired by Dr Michelle Watts and Dr Gavin Main is responsible for ensuring optimal use of the prescribing budget, facilitating a whole system approach. Dr Alison Clement, Clinical Director and Mrs Rhona Guild, Primary Care Manager/LTC Lead represent Angus on the Prescribing Management Group. The NHS Tayside Prescribing Management Group Action Tracker is attached in Appendix One.

Regional weekly huddles support regular review of progress against agreed priority areas, which currently includes lidocaine, pregabalin and rosuvastatin prescribing.

Within Angus the Prescribing Management Group meets monthly to oversee the implementation and evaluation of the Angus Prescribing Workplan (Appendix Two). Quarterly meetings involving the Prescribing Management Group, GP cluster leads and locality prescribing coordinators have also been established to support clinical review of priority areas and progress. Prescribing is a standing item on the Clinical Partnership Group agenda.

4. PROPOSALS

Summary of actions progressed in 2017:

Regionally:

- A review of the NHS Tayside Prescribing Formulary has been undertaken with a new formulary launched in April 2017.
- Quality Prescribing Visits introduced to support practice based discussions re variation with a focus on practices with greatest variation to Scottish average against an agreed range of prescribing indicators. 15 visits undertaken, of which 7 were with Angus practices. Agreed activities will be completed in 2017/18.
- Development of Tableau which will provide local access to prescribing information to support review/identification of variance.
- Development of clinical guidelines and supported of review of patients prescribed a range of medications including lidocaine, pregabalin, salbutamol and rosuvastatin.
- Agreement of an Oral Nutritional Support Pathway, with roll-out to take place across Angus in 2017/18.

Locally:

In addition to the above regional actions a number of additional initiatives have also been progressed:

- Review of continued need for pharmacotherapy in urinary incontinence. Successful test in Monifieth being spread to other practices.
- Review of emollient use in Angus and standardisation of practice, supported by staff education and IT prompts within Scriptswitch.
- Polypharmacy reviews within care homes (nursing and residential).
- Polypharmacy reviews of patients requiring supported administration of their medication by community nurses.
- Review of procedures within care homes with regards prescribed products with a number of initiatives being tested supported by the local care home improvement groups.
- Supported switch of blood glucose meters in line with ISO regulations and MCN guidance.

Full details of all current and approved local actions are outlined in the attached Angus Prescribing Workplan (Appendix Two).

We fully recognise that delivery upon all of the actions contained within the above workplan will not fully address the predicted shortfalls in this financial year and we accept that further acceleration of existing initiatives and identification, testing and spreading of further initiatives is required over coming months to further reduce the predicted shortfall. To plan, implement and evaluate significant volumes of change at pace, requires both pharmacist team and practice team capacity with clear leadership and programme management. It is proposed to seek additional GP leadership through a short term sessional appointment of a GP Prescribing Lead to lead the identification of priority areas of address. Work is ongoing with pharmacy colleagues regarding the available pharmacy resources with consideration of ring-fenced resource available to support GP time within practice.

5. FINANCIAL IMPLICATIONS

The Angus Financial Framework for Prescribing was originally shared in paper 15/17. The financial framework has subsequently been revised and remains an evolving document. The latest version is included at Appendix 3 and reflects a range of information regarding both budget assumptions and expenditure assumptions.

Budget Assumptions

Since report 15/17 the following have been revised:-

The treatment of how to reflect the effect (benefit) of Community Pharmacy Margin Sharing agreements has been amended to reflect Scottish Government agreements. For 2017/18 this is largely a neutral impact but the long term benefits previously assumed across Tayside have now been much reduced thereby increasing projected shortfalls from 2018/19.

Angus IJB originally expected to contribute £260k from budgetary uplifts of £300k available to the IJB (from NHS Tayside). Ultimately the funding received from NHS Tayside was only £271k and therefore the funding that could be allocated to Prescribing requires to be restricted to £235k. This will be reflected in future prescribing financial reports.

Recent work by the Scottish Government has reviewed the formulae used to attribute prescribing budgets to populations. This review has accentuated the effect of deprivation on prescribing allocations but had a neutral overall effect on Angus. The effects on individual practices within Angus, across Tayside and across Scotland generally were more pronounced. The effects on the Angus budget discussion with NHS Tayside regarding this change will be monitored closely. Given that more up to date formulae are now available, it is anticipated these will be adopted within Angus as early as is practical.

The IJB's formal prescribing budget continues to be considered formally within the overall budget settlements discussion between NHS Tayside and Angus IJB.

Expenditure Assumptions

Angus IJB has previously agreed planning assumptions regarding both volume and price growth for Prescribing compared to the cost reference period (September 2016 – November 2016). These have been revised to reflect the Community Pharmacy Margin Sharing agreements noted above. The net effect for 2017/18 is an assumed growth of c£246k (1.04%) on 2016/17 reference period costs of c£23.581m. The price component in this is depressed by the time-limited effect of the Community Pharmacy Margin Sharing agreement noted above.

As previously described further assumptions are also made regarding price changes, drugs coming off patent and various local and Tayside interventions. The planned benefits of these are all contained in Appendix 3.

Risk Assessment

Appendix 3 brings together information regarding the assumed budget with information describing projected expenditure based a series of assumptions. All assumptions involve an element of risk.

Risk	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Growth Assumptions	High	c£0.3m	There is a risk that volume or price growth may be in excess of planned levels.
Assumption re benefit of January 2017 Price Changes	Low	c£200k	Still require to see benefit impact on actual spend, and may be timing issues.
Assumption re Benefit of drugs coming off patent	Medium	c£700k rising to £1.2m	Risks associated with timing of drugs coming off patent, the estimated price fall when this happens and the speed with which both prices fall and prescribing patterns are amended.
Assumption regarding benefits of Tayside Interventions	Medium	c£190k	PMG require to monitor closely the implementation of documented changes.
Assumption of benefits of Local Interventions	Medium	c£100k	Local PMG require to closely monitor implementation of documented changes.

Forecast Out turn

It is important to remind the IJB that prescribing cost information has a significant time lag in terms of availability with information often being received 2-3 months after costs have been incurred. This has a consequent impact on the timeliness of financial reporting. At July month end only very preliminary information is available within finance systems describing actual costs, rather than estimated costs, incurred in the year 2017/18. Based on this limited 2017/18 information available to date, it is still assumed the IJB will be c£1.9m overspent in 2017/18. This issue clearly remains a very challenging one for the IJB.

Beyond the high level projection, a number of specific prescribing initiatives are being monitored, many related to the content of the Angus work plan (Appendix 2). As much of the delivery of the work plan is weighted towards the later parts of the financial year so it is difficult to measure progress this early in the financial year. However on a range of Tayside-wide initiatives including Oral Nutrition Supplements, Lidocaine, Corticosteroids, Pregabalin and Rosuvastain, progress within Angus is similar overall to progress within Tayside. Within this, at the point of most recent financial information, further work does need to be undertaken locally re Lidocaine where local progress is behind that of other Tayside HSCPs.

Based on the limited information available to date, the Angus cost information for early 2017/18 can be compared to national averages (allowing for weighted populations). Looking at this information, it can be seen that in period from September to May 2017, the Angus prescribing cost per weighted population has continued to increase compared to the national average from an already high base. At September 2016, the Angus cost base was c10% above the national average and at April/May 2017, this had risen to c12%. This deteriorating comparison with the national picture in the context of the progress being made with the prescribing initiatives noted above, has potential causes including underlying growth in drugs volumes beyond that being experienced generally in Scotland or, of course, rapid cost reduction progress elsewhere in Scotland.

While the importance of the actions set out in the work plan were always evident, and the requirement of ensuring and maintaining clinical engagement recognised, we are attempting to further develop capacity to support rapid implementation and roll-out of initiatives that are proven to be effective.

6. OTHER IMPLICATIONS

The strategic risks associated with prescribing are detailed within the Angus IJB Strategic Risk Register.

REPORT AUTHOR: Rhona Guild, Primary Care Manager/LTC Lead
Dr Alison Clement, Clinical Director

EMAIL DETAILS: rhona.guild@nhs.net
aclement@nhs.net

August 2017

List of Appendices:

- Appendix 1: NHS Tayside Prescribing Management Tracker
- Appendix 2: Angus Prescribing Workplan
- Appendix 3: Angus Planned Prescribing Expenditure Profile

APPENDIX 1

NHS Tayside Strategic Transformation Programme



PMG Big Ticket Tracker

****STILL UNDER DEVELOPMENT****

Please ensure to SAVE as MACRO enabled workbook

Version 0.8
SM:Alan July17

Worksheet Owner: Jennifer Soutar																	Savings					
ID	Title	Delivery Date	Monthly Reporting in place	Lead	Charter in Place	PMG Strategic Enabler(s)	PMG Purpose	Project RAG Status	Scope	Problem Statement/Aim	Idea Description	PICK	Measures	Resource Allocation	Estimated Full Year (£k)	Actual (£k) Cumulative	Category	Review Interval	Review Group	Reports to		
BT1	Tayside Area Formulary Review	31/03/2018 Ongoing 5 year plan	N	PSU	Yes	1a, 1b, 1e	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	Increase compliance with Tayside Area Formulary.	Develop more effective mechanisms to highlight at practice, cluster and directorate level, compliance with NHST formulary, and develop procedures to promote compliance.	Hard / High Value	1. Overall compliance by chapter 2. Specific quality markers within chapters 3. Number of non-formulary requests sent to primary care	Staff	£150,000.00	Link with spreadsheet when available from PSU	Programme	Monthly	Huddle	AI HSCP, PMG, Tayside Board		
BT2	Improving repeat prescribing systems Tayside Wide	31/03/2018	Y	Jill Nowell, Michelle Watts, HSCP Clinical Directors	Yes	5a, 5b	Monitoring	Green	Whole Primary Care	Improve repeat prescribing systems and processes within general practice.	Support GP practice staff to follow appropriate processes and use available tools for the efficient management of repeat prescribing.	Easy / High Value	1. Number of staff attending training. 2. % of practice list reviewed in 17/18 3. Each practice should undertake at least 1 out of 3 projects identified in 17/18 Quality Prescribing Letter.		N/A	Results from evaluation paper	Programme	Quarterly Jul - Nov - Mar	AI HSCP MKG	AI HSCP, PMG		
BT3	Prescribing for Chronic Pain	31/03/2018	N	Blair Smith, Jennifer Gray, Elaine Thomson, Karen Melville	No	1c, 2a, 5b	Monitoring	Red	Whole Primary Care, Whole Secondary Care	Perception of over prescribing of pain medications and under utilisation of alternatives.	Revise the treatment pathway for chronic pain and improve compliance with the pathway. Implement National pathway to support prescribing and compliance to formulary	Hard / High Value	1. Monitor use of key medicines on the pain pathway. 2. Monitor the use of key medicines not on the pain pathway 3. Patient satisfaction of treatment. 4. Prescriber satisfaction with pathway		Lidocaine	£106,000.00	£36,291.00	Transformational	Weekly	Huddle	AI HSCP, PMG, Tayside Board	
															Pregabalin	£2,054,000.00						£6,214.00
BT4	Wound care/Contenance	31/03/2018	Y	Elaine Thomson	Yes	5c	Monitoring	Amber	Whole Primary Care	There is considerable variation in prescribing of wound management products across Tayside. The current supply process uses GP resource and can result in significant waste.	Ordering and supply of these products from a main distribution centre directly to District Nurse teams in practices is being tested. System follows Wound Care Formulary and promotes evidence based wound management and treatment.	Hard / High Value	1. Wound formulary compliance. 2. Reduction of GP/IO Dressings. 3. Increase of PECOS ordering. 4. Increased patient outcomes/satisfaction		N/A	Results from evaluation paper	Transformational	Monthly	PMG, AI HSCP MKG	AI HSCP		
BT5	Polypharmacy/ Medication Reviews	31/03/2018	N	D Coulson	No	6d	Monitoring	Red	Whole Primary Care, Whole Secondary Care	Minimise harm from the use of medicines within NHS Tayside.	Implement a consistent approach to medication review across NHST, building consensus on approach and methodology for medication review delivered by the pharmacy service.	Hard / High Value	1. Number of polypharmacy level 2 & 3 reviews undertaken. 2. Number of medications stopped from review 3. Develop a set of measures to describe the burden of polypharmacy, Cost Pre-treated Pt, Pt experience, GP experience for value from pharmacy support.		N/A	Evaluation reports	Programme	Quarterly Jul - Nov - Mar	PMG	AI HSCP, ADTC, Older People's Board		
BT6	Quality Prescribing Visits	31/03/2018	Y	J Nowell, HCSP Clinical Directors	No	3c, 3b	Monitoring	Amber	Whole Primary Care	Some GP practices in NHST having significant variation against the Scottish average in prescribing behaviour.	Identification of practices with the greatest variation against the Scottish average supported by significant issues and help develop an action plan.	Hard / High Value	1. Number of visits undertaken. 2. Number of action plans in place and progressing 3. Number of ROI reports completed.		£100,000	ROI Reports	Programme	Quarterly Jul - Nov - Mar	Huddle	AI HSCP		
BT7	Care Homes REQ DEVELOPMENT Solfenacin - UB Split		Y		No			Red							Needs Developed	Needs Developed						
BT8		31/03/2018	Y	A Clement	No	1c, 3d	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	The need to reduce Anticholinergic Burden of NHST.	Implement guidance on the review of continued need for pharmacotherapy in urinary incontinence using H1 methodology of testing 1-3-5 practices in NHST.	Hard / High Value	1. Number of patients reviewed against the guidance. 2. Number of discontinuations. 3. Patient outcomes/satisfaction.		£40,000	Link with spreadsheet when available from PSU	Technical	Quarterly	PMG, AI HSCP MKG	AI HSCP, PMG		
BT9	High dose inhaled corticosteroids - under FC UB Split	31/03/2018	Y	A Shaw J Chalmers	No	1c	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	Reduction in the inappropriate prescribing of Inhaled High Dose Corticosteroids, dose and device type within COPD pts	Reduction in the inappropriate prescribing of Inhaled High Dose Corticosteroids, focusing on drug choice, dose and device type within COPD patients	Hard / High Value	1. Number of patients reviews undertaken. 2. Number of patients discontinued inappropriate therapy. 3. Patient outcomes.		£39,000.00	£57,735.00	Transformational	Quarterly Jul - Nov - Mar	PMG	AI HSCP, PMG		
BT10	Emollients	31/03/2018	N	A Clement Or Rhona Guild	No	1c, 3d	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	From prescribing data analysis, NHST are not using the most cost effective emollients.	Improve the use of cost effective emollients by raising awareness of options and utilisation of prescribing decision support.	Easy / High Value	1. Decrease in emollient prescribing costs. 2.		*	Link with spreadsheet when available from PSU	Technical	Monthly	PMG, AI HSCP MKG	PMG		
BT11	Mental Health REQ DEVELOPMENT		N		No			Red							Needs Developed	Needs Developed						
BT12	ONS	31/03/2018 - 3 year workplan, data runs 3 months behind	Y	J Walker	Yes	5c	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	NHST was identified as an outlier of ONS prescribing data compared to the Scottish average. A revised hospital patient pathway is under development and review of community patients.	A new ONS formulary was implemented in November 2016 and a new hospital patient pathway is currently being tested. A review of community patients on ONS prescribing data compared to the Scottish average. A revised hospital patient pathway is under development and review of community patients.	Hard / High Value	1. Overall reduction in spend in ONS (SD national breakdown now developed) 2. Number of GP practices/ Care Homes, reviews by dietitian. 3. Number of hospital wards where new pathway implemented.		£531,000.00	£31,867.00	Transformational	Monthly	ONS Exec Group	PMG		
BT13	Prescribing Data analysis Provision	31/03/2018	N	J Nowell	Yes	1a, 1b, 1c, 1f	Monitoring	Amber	Whole Primary Care, Whole Secondary Care	NHS Tayside prescribers need to have access to quality prescribing data.	Capacity of tailored support from ISD to deliver improved access to high quality prescribing information.	Hard / High Value	1. A suite of reports are available to meet the needs of prescribers.		N/A	N/A	Transformational	Monthly	PMG	AI HSCP, PMG		
BT14	Stoma	31/03/2018	Y	D Coulson	Yes	5c	Decision	Amber	Whole Primary Care, Whole Secondary Care	Clinical management of stoma patients rests solely with the specialist nurses, to minimise waste, variation and harm. Advising GPs as to what to prescribe for stoma, will not be driven by the DACs, it should be driven by NHS Tayside specialist nurses and robust governance in place.	Working in partnership with DACs to improve the clinical governance, financial governance and patient experience of stoma patients across Tayside.	Hard / High Value	1. Decrease cost per actual patient (Stoma) 2. Patient satisfaction survey 3. Developing a set of KPIs to monitor performance of DACs 4. Number of patients reviewed		*	Link with spreadsheet when available from PSU	Transformational	Monthly	PMG	PMG		
BT15	Technical Prescribing Efficiencies (Housekeeping)	31/03/2018	Y	J Nowell	Yes	1a	Monitoring	Amber	Whole Primary Care	Ensure opportunities are identified to maximise technical efficiencies.	Technical prescribing opportunities identified locally and nationally are maximised by robust prescribing support projects with learning shared and benefits captured centrally	Hard / High Value	1. Benefits from technical change activity.		Currently reported through QPV (BT6)	Evaluation reports	Technical	Quarterly Jul - Nov - Mar	PMG	AI HSCP, PMG		

Angus Prescribing Workplan 2017/19 (July 2017) Appendix 2

* abbreviation 'px' = prescribing

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions (inc timescales)	Status Update (May 2017)	Leads
Prescribing Data (RM)	Ensure the availability of accurate, clear data at practice, cluster and Angus level to support prescribing practice and improvement work.	1. Prescribing Support Unit to provide Angus data, including agreed prescribing indicators at agreed intervals. (RM)	Ongoing.	Jill Nowell
		2. Tableau to be rolled out by ? (RM)	Date awaited. DCoulson to confirm.	
		3. 2017/18 priorities for utilisation of STU to be agreed regionally. Training dates set for Quality Prescribing Project for 17/18	Training for 17/18 completed	
		4. Quarterly meetings to be held between prescribing management team, cluster leads and locality pharmacy coordinators to ensure ongoing review of progress and updating of action plan.	Meeting dates arranged for 2017.	
Quality Prescribing Visits (RM)	Reduce variations Spread good practice	1. Actions to be progressed with 7 practices visited in 16/17 : (Academy, Medical Centre, Parkview, Kirriemuir, Lour Road, Monifieth, SField West) by 31/1/17	All 7 visits completed. Action plans being progressed with each practices	Jill Nowell Dr David Shaw Rhona Guild Dr Alison Clement
		2. Monthly tracker being provided showing progress against proposed actions.	June report sent to locality px* coordinators for comment/action	Jill Nowell Dr Alison Clement Rhona Guild

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Formulary Review (RM)	Reduce variation and support evidence based care	Regional review of Tayside Formulary by April 2017.	Completed and launched.	David Coulson
		Ensure Angus representation on regional groups which discuss and agree formulary	Dr Scott Jamieson participating in MAG and ADTC	Dr Scott Jamieson
		Measure and share data on formulary compliance	Progressed regionally	David Coulson
Meds Price Rebates/ Generics (RM)	Increased rate generic prescribing Includes nationally agreed rebates	Support and monitor generic prescribing in all sites	Ongoing	David Coulson/ Rhona Guild
		Scope programme of support for practices with lowest levels of generic prescribing in Angus	Scoping to be completed by August 2017.	
		Monitor and collaborate with opticians re generic eye drop px pan Angus. Track impact on px.	Communication sent to all GP's and discussion with ophthalmology raised via PMG April 2017	
Rosuvastatin (RM) Score: 1-2/10	Increased formulary compliance and reduced variation (77% Tayside practices px higher rates than Scottish average) In Angus 1052 patients prescribed Rosuvastatin where formulary restricts use.	1.Written communication and pack provided to IJB pharmacy leads	Completed October 2016	Michelle Logan
		2. Locality pharmacists working on review/switch at practice level	Completed. 95% patients reviewed	Rhona Guild
		3. Locality pharmacists to submit Results Table on completion to Prescribing Support Unit	Final switch rate 6.1%	
		4.Continue to track px rates and discuss locally.	Monthly data being provided. Between Jan-June 2017 px 7.9% lower than 6 months previously	

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Seretide to Fostair (RM) (Safe use of inhaled steroids) Score: 5/10	Evidence based management of respiratory disease. Fostair contains a less potent steroid and produces improved lung deposition & < steroid burden for patients	1. Baseline data to be shared at practice level with practices and clusters encouraged to consider switch at patient routine review.	Completed	Dr Tom Fardon Michelle Logan
		2. Safe prescribing of inhaled steroids to be discussed at Angus Respiratory PLT on 8 th February, 2017.	Completed	Maureen Fagan
		3. Ongoing tracking of outcomes	Ongoing	Brian McGregor/ Rhona Guild
Salbutamol prescribing Score: 10/10	SIGN recommendation that all pts px >1 short acting bronchodilator per month should be identified and have their asthma urgently assessed. This is partly based on the findings of the National Review of Asthma Deaths.	1. Audit of all pts issued with 30+ salbutamol inhalers in a 12 month period .	Completed	Diane Robertson
		2. Provide practices with patient identifiable data (30+) and gather feedback on actions taken.	Data provided and responses being collated	Rhona Guild
		3. Reinforce asthma prescribing guidelines at Respiratory PLT 5th February, 2017	Completed	Maureen Fagan
		4. Phase 2; share data re pts prescribed >12 and >20 inhalers per annum	Shared with practices end of May 2016. Follow up email being sent this week.	Rhona Guild
		5. Initiative to be included as one of the options for cluster Px monies to progress.		Rhona Guild

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Solifenacin Score: 7/10	Accts for £74k spend per quarter in Angus, with equally effective medications available at a total cost of £7.5k per quarter. Potential to test impact of review and lifestyle changes and cease medication	1. Monifieth test patient review as part of Quality Prescribing Actions.	Phase One completed, with 6/12 audit showing 35/42 pts trialled off solifenacin remain off the drug. A further 4 pts have been stopped with 33/72(46%) original cohort of pts remaining on solifenacin.	Dr Alison Clement
		2. Plan spread of this initiative to all practices willing to engage	1. Medical Centre Arbroath: 71 pts identified for review. 2. Pt no's being collected for Edzell and Academy Medical Centre	Dr Alison Clement/ Rhona Guild
		3. Develop proposal to accelerate spread based on Monifieth Audit findings	1. To be completed by August 2017	Dr Alison Clement/Rhona Guild
Emollients Score: 7/10	Reduce variation and support evidence based care. Currently £316,000 spend per annum on emollients pan Angus.	1. Baseline data to be gathered	Completed	Dr Scott Jamieson
		2. Preferred product list agreed alongside pricing information	Completed	
		3. Education sessions to be delivered across Angus to support change process	Completed (February)	Dr Alison Clement Rhona Guild
		4. Agree IT options to support consistent application of preferred products	Scriptswitch in place with plans to monitor acceptance rates	
		5. Quarterly tracking of agreed performance measures: <ul style="list-style-type: none"> GIC dispensed emollients Formulary compliance Use of first line emollients Spend on emollients 	Quarterly reporting agreed (First report covering March-May 2017)	
		6. Dermatology PLT 17/18 to reinforce messaging	1 st November, 2017	

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Polypharmacy in Care Homes Score: 9/10	Improved patient safety and reduction in waste.	1.MDT reviews within care homes by October 2017, supported via cluster funding	1. Proposal circulated to all practices, locality pharmacists January 2017.	Dr Alison Clement Dr Douglas Lowdon Michelle Logan
		2.Measurement of impact using agreed survey and data capture sheet		Rhona Guild Michelle Logan
		3. Definition of triggers for medication review.		Jill Maclean
		4. Polypharmacy guidance to be reviewed and recirculated including clear guidance re recommended READ codes		Jill Maclean
		5. Pharmacy teams to agree minimum targets for medication reviews and implement		Gordon Thomson Locality Coordinators
Polypharmacy in other high risk group Score: 9/10	Improved patient safety and reduction in waste.	1.Develop a proposal to consider polypharmacy reviews in new pts registering with practice by April 2017	Under development	Dr Alison Clement
		2.DQIP2 test Pharmacist led Polypharmacy Reviews in Patients with Multi Morbidity by April 2017	Tested in South East & South West Angus	Jill Maclean Kay Erskine Dr Alison Clement
		3.Spread of DQIP2 to support targeted approach to polypharmacy reviews and management of high risk medicines in 2017/18 agreed based on findings of 2. above		Dr Tobias Dreischulte Dr Alison Clement Michelle Logan
		4. Polypharmacy reviews to be completed for patients identified as high risk within the ECS programme		Dr Alison Clement Michelle Logan
		5. Polypharmacy review of those on supported meds admin by DN Team rolling out NE/MW localities	Offered to practices July 2017	Dr Alison Clement Rhona Guild

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Care Homes Educational Support Score: 10/10	Improved patient safety and reduction in waste.	1.Scope test of change using stock order within a care home to replace prescriptions for a small range of products eg wound care, catheter care in SE Angus by October 2017	Positive discussion with SE Care Home Improvement Group (Jan 17). Proposal to be scoped for consideration at future meeting	Rhona Guild Ivan Cornford
		2.Education sessions for care home staff pan Angus on chronic pain management and nutrition to be delivered throughout 2017	Initial sessions completed. Care homes currently implementing improvement plans	Rhona Guild Ivan Cornford
		3.Develop good practice guides to support key areas of care including catheters, wound care and skin care by October 2017		Rhona Guild Caroline Maclean
		4.Develop and implement pathway of care to support diagnosis and management of suspected UTI in care homes within NE Care Home Improvement Group by August 2017	Pathway shared	Dr Alison Clement Ivan Cornford
		5.Review potential to further develop incident reporting/learning from medication related events possibly through a locality medication team by October 2017		Michelle Logan Dr Alison Clement
		6. Test direct medicines administration in care homes by October 2017		Kay Erskine Ivan Cornford
		7. Scope Homely Remedies Policy for Care Homes	Draft documentation developed and to be tested in SE Angus.	Kay Erskine Ivan Cornford
		8. Investigate more cost efficient means of supplying Just in Case medication within care homes.		

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Oral Nutritional Supplements (Adults) (RM) Score: 7/10	Ensure a standardised, evidence based approach to use of ONS, in line with Tayside Nutrition MCN standards, based on a 'Food First' approach	1.Presentation of updated guidance to Clinical Partnership Group	Completed December 2016	J Walker Rhona Guild
		2. Agree roll out plan for Angus based on agreed service model by August 2017.	Meeting with JW/JB July 2017. Roll out plan being finalised. Transport solutions to care homes being sought.	J Walker Rhona Guild Dr Alison Clement
Chronic Pain: Lidocaine Plasters (RM) Score: 5/10	Significant variation within Tayside and between Tayside and NHS Scotland. Limited formulary approval for use. Most initiated in primary care, largely for non SMC or non formulary indications	1.Lidocaine resource pack developed regionally and shared with all practices, promoting review and px in multiples of 5.	Issued 9 th February 2017	Michelle Logan
		2.No's pts reviewed, stopped and restarted measured by locality pharmacist and submitted to pharmacy team for collation monthly	5% reduction in lidocaine Px Jan-June 2017 cf previous 6/12. Growth in 2/4 clusters. Reduction in 2/4 clusters	Michelle Logan
		3.Develop a vision guideline		Elaine Thomson Gillian Paul
		4.Guidance re use of lidocaine to be included in chronic pain app by June 2017		Rhona Guild Frances Rooney

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Chronic Pain: Neuropathic Pain (RM) Focus on Pregabalin, Gabapentin and Lidocaine (as above) Score 9/10	Significant prescribing variation within Tayside and between Tayside and NHS Scotland.	1.Ongoing data collection showing real-time prescribing data at local, cluster and practice level		KKidd Jill Nowell
		2.Regional development and implementation of neuropathic pain guideline by April 2017	Completed. Information circulated.	Karen Melville Elaine Thomson
		3.Development of Vision guideline to support practice by April 2017		Gillian Paul Elaine Thomson
		4.Development and dissemination of PIL 'Resources to help you take control of your pain' by December 2016	Completed. Sent to all healthcare sites, including general practices in November 2016.	
		5. Develop and share an Angus pathway for access to TENS, including a supporting PIL and educational YouTube video by April 2017	PIL approved, printed and ready for circulation. You Tube video being developed regionally. TENS local access arrangements being finalised, including tests within general practice.	Rhona Guild Michelle Logan
		6. Increase awareness of pain self management options available within Angus		Rhona Guild
		7. Pain app for chronic pain management regionally developed by June 2017		Rhona Guild Frances Rooney

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Tramadol and Co-codamol Score: 8/10	Significant prescribing variation within Tayside and between Tayside and NHS Scotland. Account for 2/20 highest areas of Family Health services spend (2015/16)	1. Monitor impact of auto-population of prescribing guidance for either drug, to highlight use of moderate to severe pain, dosing guidance and 'Not recommended for long term pain relief due to risk of tolerance, dependency and withdrawal reactions. May cause drowsiness' in one site.	Test completed in Monifieth. Resulted in 6% reduction in average no's items prescribed for tramadol and 14% reduction of same in co-codamol	Dr Alison Clement Michelle Logan Mark Batey
		2. Share learning from above test of change and recommend adoption pan Angus	Adopted within Academy Medical Centre, Arbroath Medical Centre, Carnoustie, Springfield West	Dr Alison Clement Michelle Logan Mark Batey
Wound Care/Catheter Care (RM)	Reduce waste, variation and harm. Increase formulary compliance	1. Review of progress made with regards silver dressing usage in Angus, and agree next steps action plan by August 2017	Updated awaited	Fiona Petrie
		2. Collaboration with newly established regional Workstream to agree and test initiatives.		Rhona Guild

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads
Blood Glucose Testing: Supported implementation of MCN Blood Glucose Formulary Review October 2016 Score: 4/10	Implementation of MCN Guidance which considers: <ol style="list-style-type: none"> 1. ISO compliance 2. Cost 	<ol style="list-style-type: none"> 1.Ensure all practices are aware of MCN Guidance and their current glucometer test strip px practice (by Feb 17) 2.Source Ascensia meters for all practices and seek assurance old machines have been disposed of (by March 17) 3.Arrange local training/analyser swaps where required with invitation to patients via general practices 4.Monitor impact of switch of glucose meter on test strip prescribing costs: <ul style="list-style-type: none"> • % MCN test strips prescribed • % Contour Test strips prescribed • Overall volume of test strips prescribed • Total spend on test strips (Baseline 2016.)	Email sent to all PM's/PN's 23//1 Completed. Completed May 2017. Summary report of uptake to be produced. Quarterly reporting arrangements in place.	Rhona Guild
Prescribing Safety	Reduce waste, variation and harm.			

RM = Realistic Medicine

Areas being scoped for inclusion in Angus plan:

- Mental health
- Public information re safe, effective use of medicines/waste reduction

APPENDIX 3

HSCP Planned Prescribing Expenditure Profile 2017/18				Angus
	2016/17 (Sept.-Nov.)	2017/18	2018/19	2019/20
	£k	£k	£k	£k
Baseline Spend	23581	23827	24685	25306
Cumulative Growth Effect (£k)		246	1104	1725
Cumulative Growth Effect (%)		101.04%	104.68%	107.32%
<u>Passive Changes</u>				
Price Changes (Jan'17)		206	206	206
<u>Drugs Off Patent</u>				
Bimatoprost		16	19	19
Ezetimibe		14	57	57
Ivabradine		8	24	24
Pregabalin		555	833	833
Rosuvastatin		51	206	206
Tadalafil		23	93	93
Total		667	1232	1232
<u>Total Passive Changes</u>		873	1438	1438
<u>Active Interventions Changes</u>				
<u>Tayside-wide Initiatives</u>				
Formulary Changes		0	0	0
Rosuvastatin		13	4	4
Corticosteroids		13	26	35
Oral Nutrition Supplements		129	192	176
Lidocaine		33	88	88
Pregabalin		0	0	0
Wound Management		0	0	0
Glucose		0	0	0
Oxycodone		0	0	0
Total		188	310	303
<u>Local Initiatives</u>				
Solafenacin		27	53	53
Emollients		8	17	30
Polypharmacy		60	70	70
Tramadol		3	6	6
Co-codamol		5	11	11
Practice Visits		TBC	TBC	TBC
Total		103	157	170
<u>Total Active Intervention Changes</u>		291	467	473
Grand Total Changes		1164	1905	1911
Revised Planned Expenditure		22663	22780	23395
Share of Tayside Funding		20504	20436	20436
Additional Local Funding		260	260	260
Total Funding		20764	20696	20696
Likely Shortfall/Surplus		1899	2084	2699
		9%	10%	13%